

## Gila County Assessor Request For: 504 Tax Clearance Form

\*In Order to Initiate a 504 Tax Clearance Form, we need some preliminary information.

Please fill out the information below and we will respond to you within 48 hours.

If you need assistance at any time please phone (928) 474-7187. Any staff member can assist you.

**Email completed form to: lbryant@gilacountyaz.gov OR Fax to: (928) 468-9762 Attn. Mobile Homes**

Today's Date: \_\_\_\_\_

Phone # and/or Email in case we have questions: \_\_\_\_\_

New Mobile Home Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Owner (not required if new or dealer) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Home Present Location/Name of Park: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Mobile Home Information

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Length & Width/Size: \_\_\_\_\_

Serial Number (VIN #): \_\_\_\_\_

Factory List Price: \$ \_\_\_\_\_

Movers Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Destination/Location or Park Moving To:** \_\_\_\_\_

County \_\_\_\_\_ Parcel#: \_\_\_\_\_

Trade In: Yes \_\_\_\_\_ No \_\_\_\_\_